



# Joint FMPC/BOMA Conceptual Project Workshop Application for a Planned Unit Development (PUD) Concept Plan Franklin Planning Department

## Applicant Information:

This is the individual who has the responsibility of becoming familiar with the regulations, policies, and procedures of the city. This individual shall represent the applicant at all public meetings and this shall be the person responsible for the quality and accuracy of the submitted plans.

## Contact Information:

The applicant shall designate one contact person to work with the Planning Department for the duration of the project including after Planning Commission approval. This shall be the person responsible for meeting any conditions of planning commission approval

Name:	KIRKS DUCLOS				
<input type="checkbox"/> On File		<input type="checkbox"/> On File		<input checked="" type="checkbox"/> Same as Applicant	
Title:	SURVEYOR				
Organization:	DUCLOS SURVEY & DESIGN, INC				
Phone:	615-776-4232	Fax:	776-4231	Fax:	
Email:	DUCLOS-INC@COMCAST.NET				
Street:	P.O. BOX 241, Nolensville				
State:	TN	ZIP:	37135	ZIP:	

## Project Information:

Applicant's Proposed Name of Project:	RE-SUB OF LOTS 4 & 5 WINCHESTER EST DBA Pg 114		Address of Property:	417 EDDY LN FRANKLIN, TN	
Site Acreage:	0.69	Site Square Footage:	30,190	Map, Group, and Parcel:	78, D, 67.03/67.04
Conceptual Overview of Project:					

<b>Required Elements for Conceptual Workshop:</b> All submittals are <b>required</b> to have the basic information as follows, unless otherwise noted by staff <input type="checkbox"/> A Pre-application conference must have been held with the staff. <input checked="" type="checkbox"/> Pay Conceptual Project Workshop Fee of \$50.00 <input type="checkbox"/> Application must be completed by applicant and submitted to Project Planner by, by 5.00 p.m., 9 days prior to the meeting. <input type="checkbox"/> Provide overview of project and comments from staff per the Administrative Manual. An electronic version (PDF or PowerPoint) of the presentation that will be presented must accompany the application for proofing by staff. <input type="checkbox"/> Contact Project Planner to Set Up Neighborhood Meeting (if a required step and applicants wish to proceed)	<b>Project Type (check all that apply):</b> <input type="checkbox"/> PUD Concept Plan <input type="checkbox"/> Rezoning Request Also Needed <input type="checkbox"/> Annexation Also Needed <input type="checkbox"/> Land Use Plan Amendment is Needed (It's OK to have the workshop, but the Plan amendment step should occur <u>before</u> the formal application of the Concept Plan to FMPC) <input type="checkbox"/> Other _____	<b>Development Standard:</b> <input type="checkbox"/> Conventional <input type="checkbox"/> Traditional
	<b>Proposed Use(s) (check all that apply):</b> <input type="checkbox"/> Detached Dwelling <input type="checkbox"/> Attached Dwelling (duplexes, condos, apartments, townhouses) <input type="checkbox"/> Group Homes <input type="checkbox"/> Nonresidential <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Institutional (church, school) <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____	Character Area Overlay.
		Other Applicable Overlays:
		Intended Workshop Date
		City Project # (completed by staff):